MEDICAL SERVICES INSURANCE ENQUIRY

BRIEF

Submitted by

ONTARIO SOCIETY ON AGING
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Prepared by

HEALTH COMMITTEE, ONTARIO SOCIETY ON AGING

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Home care :- (City of Toronto only) Part 1. - 300 people

October 31, 1963

Part 2.
- early removal of pt. from hospital
- 300 + saving of 22 days in hospital.
$600+/pt.
cost/day - $6.50.

Drugs.
Appliances.
Rehabilitation.

WHEREAS THE ONTARIO SOCIETY ON AGING was incorporated by Letters Patent issued November 29th, 1957 "to stimulate public awareness and interest in community activity with respect to aging by such means as: a) fostering fact-finding and scientific investigation relative to the various aspects of aging; b) encouraging governmental programmes on aging" and

WHEREAS there are now over 500,000 persons over 65 years of age in Ontario whose problems and unfulfilled potential have become an increasing provincial concern,

BE IT RESOLVED by the Ontario Society on Aging that the following brief on Health Services be presented to the Medical Services Insurance Enquiry, appointed by the Government of Ontario to study the principles and objectives of Bill 163 of the 1962-63 session of the legislative assembly of the Province of Ontario respecting Medical Services Insurance.

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CONCLUSIONS AND RECOMMENDATIONS

(1) Recognition must be given to the inescapable responsibility of the Ontario Government to provide adequate health care for the growing aged population of this province and increasing leadership must be forthcoming in assessing and dealing with the problems of the aged.

(2) In presenting this brief to the Medical Services Insurance Enquiry, the Ontario Society on Aging sincerely hopes that the following recommendations will be converted into specific actions to assist Ontario citizens to enjoy their advanced years in as dignified, happy, and healthy a way as possible:

a) COMPREHENSIVE HEALTH INSURANCE COVERAGE WITHIN THE MEANS OF ALL OLDER PEOPLE BE MADE AVAILABLE WITHOUT DELAY.

b) THE PROVINCIAL DEPARTMENT OF HEALTH ESTABLISH A BRANCH OF AGING AND CHRONIC ILLNESS.

c) THE PROVINCIAL GOVERNMENT GIVE IMMEDIATE CONSIDERATION TO THE EXTENSION OF HOME CARE PROGRAMMES THROUGH LOCAL HEALTH DEPARTMENTS.

d) PROVISION BE MADE FOR IN-PATIENT AND OUT-PATIENT COVERAGE FOR REHABILITATION SERVICES IN HOSPITALS AND IN REHABILITATION CENTRES.

e) FURTHER AID BE GIVEN TO RESEARCH TO EXPLORE THE NATURE OF THE AGING PROCESS AND TO SUPPORT EPIDEMIOLOGICAL STUDIES.

f) CO-ORDINATION OF EFFORT IN THE FIELD OF AGING BE ENCOURAGED BY SETTING UP A PROVINCIAL INTERDEPARTMENTAL COMMITTEE ON AGING AND LOCAL SENIOR CITIZENS COUNCILS.

PROBLEM

(3) The Ontario Society on Aging is convinced that, in order to fulfil the health needs of the older citizens of this province, the following considerations must be taken into account in any legislation respecting the provision of medical services for the people of Ontario.

(4) Over the past few years the volume of chronic disease and disability has been increasing at an alarming rate throughout Canada. The main cause for this has been a marked change in the number and proportion of older people in the population with a concomitant increase in long term illness. Industrialization and urbanization have compounded all of the difficulties faced by the elderly.

(5) Conditions such as diabetes, heart disease, cancer, mental disorders, arthritis and rheumatism, and other such threats to health and well-being, cannot be controlled without planned and sustained long term efforts. The number of elderly persons will certainly increase; the average age of admission to hospital will become still higher and the length of stay progressively longer. The extension of institutional accommodation as the only control measure will not provide a solution.

(6) Chronic illness and disability are of such major importance to public health that all aspects of control must be considered. The key to the health problems arising from an aging population lies in the effective organization and co-ordination of all phases of health services, namely: prevention, early detection, treatment, rehabilitation and research.

(7) It is also imperative to recognize that the health problems of the aged are much broader than merely the provision of adequate health services. Matters of retirement, adequate income, housing, education and recreation all have an important bearing on the medical situation. Medical and social conditions of the aged are so closely interrelated that they are increasingly referred to as socio-medical. Close co-operation of all the official and voluntary agencies concerned with the aged is necessary both at the provincial and local level.

HEALTH OF OLD PEOPLE

(8) The changing structure of the provincial population may be summed up as follows:

Ontario Population over 65 Years of Age *

Year	Number	% of total population
1901	120,500	5.5
1931	234,200	6.8
1961	508,000	8.3

(9) The diseases which account for the majority of deaths in the older age groups are chronic and disabling as can be seen in the following table:

Chief Causes of Death, Ontario, 1956-1960. Age - 75 Years & Over**

Cause of Death	No. of Deaths	% of Total Deaths
Diseases of the heart	40,664	44.4
Vascular lesions of the central nervous system	17,755	19.4
Cancer	10,905	11.9
Pneumonia, bronchitis and influenza	5,538	6.1
Diseases of the arteries	3,963	4.3
Accidental causes	2,827	3.1
Diabetes mellitus	1,034	1.1
Diseases of the prostate	701	0.8
Other causes	8,129	8.9
Total	91,516	100.0

* Vital Statistics for 1961. Registrar General. Province of Ontario.
** Division of Medical Statistics, Ontario Department of Health, Special Report No.15, March 1962

(10) The rate of severe and total permanent disability is much higher in the older age group than in the population as a whole, as can be seen from the following table:

Severe and Total Permanent Disability*

Canada 1950 - 1951

	Number	% of Population
All ages	423,000	3.1
25 - 44	88,000	2.3
45 - 64	136,000	5.6
65 & over	162,000	15.3

(11) In view of the large and increasing number of sick older people it is imperative to give careful consideration to all practical measures to meet the demands for more comprehensive health care than is now available.

PREVENTION AND EARLY DETECTION

(12) Comprehensive public health programmes should be available covering all phases of control of chronic illness in older people. At present certain essential health services for this group are administered by the provincial public welfare department. One unfortunate feature is that this tends to limit support to the economically depressed. Another factor is that help usually follows the economic distress which is all too often a sequel to long-term physical or mental illness. This help comes too late. The aim should be rather to provide suitable community health services which will prevent the chronic disability and its consequent economic deprivation.

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* Illness and Health Care in Canada. Canadian Sickness Survey 1950-1951. Catalogue #82-518. The Queens Printer. Table 17, page 113.

(13) Local public health programmes to combat chronic illness require a proper organizational structure. They also require sufficient personnel and financing to ensure continuity. Provincial inspiration, guidance and leadership are badly needed in this field.

(14) IT IS RECOMMENDED THAT THE PROVINCIAL DEPARTMENT OF HEALTH SHOULD ESTABLISH A BRANCH OF AGING AND CHRONIC ILLNESS.

(15) The value of such a special division has been well demonstrated in similar jurisdictions in other countries. The programme of this Branch could include:

a) Provision of a provincial co-ordinated public health programme related to the aged, with clearly defined objectives for the guidance of local health departments;
   i) recruitment and training of personnel to act as consultants and to assist local authorities in health promotion;
   ii) education for healthful living, including the necessity for continued physical and mental activity and pre-retirement counselling.

b) Exploration and implementation of appropriate measures for the early detection of disease which may avert or halt the progression of illness and disability;
   i) encourage regular examinations by private practitioners,
   ii) set up mass screening programmes to increase the opportunity of early case finding,
   iii) provide adequate community diagnostic and treatment facilities both on an out-patient and in-patient basis.

c) Provision of provincial financial assistance to supplement local needs in order to facilitate co-ordination and expansion of existing resources.

TREATMENT

(16) Adequate institutional facilities are essential for the proper care of the aged. These facilities must be provided through orderly planning and should encourage self-reliance and preservation of personal dignity. Quality of care could be improved by better licensing and closer supervision by local health authorities. Institutional care should not be a substitute for care at home when indicated.

(17) Special emphasis needs to be given to the organization of Home Care Programmes which include the services of visiting nurses, homemakers, physiotherapists, occupational therapists, etc. under the supervision of the family physician and administered through the local health department. Many patients do better in the familiar environment of their homes, where they receive support and affection from their families. The congestion in hospitals and shortage of beds also make it essential to consider the provision of Home Care Programmes for many of the aged. Such programmes would frequently prove more beneficial and economical than care in hospital or other institution.

(18) IT IS RECOMMENDED THAT THE PROVINCIAL GOVERNMENT GIVE IMMEDIATE CONSIDERATION TO THE EXTENSION OF HOME CARE PROGRAMMES THROUGH LOCAL HEALTH DEPARTMENTS.

(19) The aged may well need the medical services of general practitioners, surgeons, physiatrists, neurologists and internists or geriatricians. Many will also need other services, such as: dental, nursing (including public health nursing), social work (including psychiatric social work), psychological, physio-therapy, occupational therapy, pharmacy, dietary, chiropody (podiatry),

optometry, vocational counselling, homemaking, friendly visiting, etc. They may also need drugs, prostheses, dentures, glasses, hearing aids, wheel chairs, walkers, hospital beds, bedpans, and other devices. Long periods of hospital care will be required in many cases, as well as prolonged convalescent care in nursing homes and in the patient's own home. Social, psychological and economic difficulties present serious problems not only to many of the aged but also to their families.

(20) It should be kept in mind that the elderly is the group in our population most in need of medical attention and the least able to pay for it. It is also obvious that the health needs of the elderly extend well beyond the mere provision of physicians services. Either a compulsory comprehensive health insurance scheme will be necessary, or a substantial subsidy will be needed by a high proportion of older people.

(21) IT IS RECOMMENDED THAT COMPREHENSIVE HEALTH INSURANCE COVERAGE WITHIN THE MEANS OF ALL OLDER PEOPLE BE MADE AVAILABLE WITHOUT DELAY.

REHABILITATION

(22) The progress of modern medicine has brought enormous demands for hospital beds from both doctors and patients. Hospitals provide equipment and staff for diagnostic and treatment services that would be excessively costly for each physician to maintain in his own office. Hospital care, however, is also extremely costly to provide. Convalescent patients could well utilize out-patient ambulatory facilities for rehabilitation.

(23) Restoration services such as physiotherapy and occupational therapy on an out-patient basis, are obviously much more economical than complete hospital care. Sometimes the patient remains in hospital because he has nowhere else to go or because public assistance and hospital insurance services do not pay for complete out-patient services.

(24) Services provided within the community should include medical, social and vocational rehabilitation. Voluntary agencies are providing and increasing their rehabilitation efforts, but many of these are limited to certain specific chronic diseases.

(25) IT IS RECOMMENDED THAT THE PROVINCIAL GOVERNMENT FURTHER ASSIST VOLUNTARY AND OFFICIAL HEALTH AGENCIES IN THE PROVISION OF IN-PATIENT AND OUT-PATIENT COVERAGE FOR REHABILITATION SERVICES IN HOSPITALS AND REHABILITATION CENTRES.

RESEARCH

(26) There is a need to increase research into the nature of the aging process and the concomitant burdens of physical and mental illness. Much more information is needed concerning the maintenance of health and the prevention and treatment of disease and disability.

(27) The provincial government should institute and support epidemiological studies of the aging, particularly as related to the incidence and prevalence of nutritional deficiencies, psychiatric disabilities, foot and bowel disorders, etc. These studies should include examination of the financial status, assessment of the resources available, implementation of programmes and evaluation of methods. This is necessary in order to provide means of

integrating and co-ordinating the efforts of the numerous agencies within the community involved in this enormous task.

(28) IT IS RECOMMENDED THAT FURTHER AID BE GIVEN TO RESEARCH TO EXPLORE THE NATURE OF THE AGING PROCESS AND TO SUPPORT EPIDEMIOLOGICAL STUDIES.

CO-ORDINATION

(29) Responsibility in the field of aging is shared by several Departments in the Provincial Government, including the Departments of Health, Welfare, Education, and Labour. There are a number of provincial voluntary health and welfare organizations which are also concerned with various aspects of the aging population. This diffusion of activities has inevitably led to a number of instances of overlapping and resulted in enormous gaps in services and facilities. Permanent Interdepartmental Committees on Aging have been set up in certain state and provincial government jurisdictions with great benefit to all. Representatives of the voluntary health and welfare organizations can be asked to sit on such a committee.

(30) At the local level it is again necessary to bring together the various closely related community health and welfare agencies and individuals concerned with the problems of aging. This can and has been done in several communities with great profit by setting up voluntary Senior Citizens Councils.

(31) IT IS RECOMMENDED THAT CO-ORDINATION OF EFFORT IN THE FIELD OF AGING BE ENCOURAGED BY SETTING UP A PROVINCIAL INTER-DEPARTMENTAL COMMITTEE ON AGING AND LOCAL SENIOR CITIZENS COUNCILS.